

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213525508			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Our Family Foundation, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CTR 16TH FLR 1111 E MAIN ST RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: CT </div> <div style="width: 35%; text-align: right;"> DUE DATE: 3/31/2013 SCC ID NO: F1889361 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1385 Hancock Street CITY/ST/ZIP: Quincy, MA 02169 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Richard Herring TITLE: DIRECTOR ADDRESS: 1385 Hancock Street CITY/ST/ZIP/CO: Quincy, MA 02169 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Richard Herring TITLE: DIRECTOR ADDRESS: 1385 Hancock Street CITY/ST/ZIP/CO: Quincy, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paula A. Price DIRECTOR 1385 Hancock St. Quincy, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathleen Russello DIRECTOR 1385 Hancock St Quincy, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Blavdeep Singh DIRECTOR 1385 Hancock St Quincy, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald Sussman DIRECTOR 1385 Hancock St Quincy, MA 02169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bhavdeep Singh PRESIDENT 1385 Hancock St Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tracey Pawelski VICE PRESIDENT 1385 Hancock St Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paula A. Price TREASURER 1385 Hancock St Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas A. Hippler SECRETARY 1385 Hancock Street Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia King ASST TREASURER 1385 Hancock Street Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Thomas A. Hippler		Thomas A. Hippler, DIRECTOR	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			